

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 29, 2004.

Based on correspondence received from the requestor, SCD Back and Joint Clinic, Ltd., dated 09-16-04, date of service 07-17-03 for CPT code 99080-73 has been withdrawn.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits (99213, 99214, 99212-25 and 99213-25) on 06-30-03, 07-17-03, 08-21-03, 09-25-03 and 11-25-03 **were found** to be medically necessary. The office visits on 07-02-03, 07-07-03, 07-09-03, 07-11-03, and 07-21-03, joint mobilization, myofascial release, therapeutic exercises group, therapeutic exercises, physical performance test, lumbar ROM, dynatron human performance test, chiropractic manipulation, mechanical traction and massage from 06-30-03 to 11-25-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 06-30-03 through 11-25-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

AMENDED REPORT

09/17/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3726-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for Key Energy Services, Inc. He bent over to pick up a jack and felt immediate low back pain. ___ is reported to be 5'4" and weight 180 lbs. On 2/13/03, ___ stated he felt his legs go to sleep. He presented for treatment on 2/17/03. An MRI was performed on 2/21/03 indicating stenosis at L3/4 due to a right paracentral disc protrusion. Active rehabilitation was begun on 2/20/03 by Dr. Wyatt. The diagnosis is of sprain strain injury with radiculitis. Jason Watkins, DC performed a peer review and denied care beyond 4/10/03. Peer reviews were performed by Gary Martin, DC, DACNB, Sofia Weigel MD, George Sage DC, Thomas Sato, DC. Peter Fox MD performed an RME on 5/16/03 and noted that all services to date had been necessary to date. A home exercise program was started on 6/4/03. On 9/23/03, Eric Tendra, DC, designated doctor, indicated the patient was not at MMI. A left L4/5 semihemilaminectomy, flavectomy, medial facetectomy with facet undercutting, L5 root foraminotomy and L5/S1 semihemilaminectomy, flavectomy, medial facetectomy with facet undercutting by Dr. David

McDougall. The provider submitted a letter stating that a peer review indicated, "that treatment was reasonable and necessary up to 8/7/03". The first records obtained did not have such a peer review; therefore, the reviewer requested that we obtain further records from the requestor and the respondent. These records were obtained and the review continued.

DISPUTED SERVICES

Disputed services for this review were for the following services: office visits (99213, 99214, 99212-25), joint mobilization, myofascial release, Group therapeutic exercises, Therapeutic exercises, physical performance test (97750-MT), lumbar ROM (95851), dynatron human performance test (97750-MT), chiropractic manipulation (98940), mechanical traction, massage (97124) from 6/30/03 through 11/25/03 as denied by the carrier with "V" codes.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services: 99213: (6/30/03), 99214 (7/17/03), 99212-25 (8/21/03, 9/25/03) and 99213-25 (11/25/03).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates that even with the extended documentation that no indication of a peer reviewing stating that further treatment beyond 5/16/03 was found. The reviewer notes that the patient had a pain scale of 1/10 from late March of 2003. The reviewer notes that the patient had multiple complicating factors including obesity and a disc injury superimposed over a sprain/strain injury. According to standard medical guidelines, this can and does increase the amount of time for natural history of this type of injury. This can multiply the natural history by two times. Even with this fact, the patient was placed on a home exercise protocol on 6/4/03. The latest the natural history could be extended is through 6/10/03. The services under question begin on 6/30/03. The reviewer indicates the office visits as listed above were medically necessary as per TLC 408.021 as they allowed the treating doctor to track and evaluate the patient to control pain and allow the patient to continue working. The remainder of the services are not found to be medically necessary as they did not relieve pain, increase function or help the patient achieve employment as per TLC 408.021.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO
CC: Specialty IRO Medical Director